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Siemens Corporation
Intellectual Property Department
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Alexander J. Burke	(Depositor's name)
<i>Alexander Burke</i>	(Signature)
August 30, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/074,946	02/12/2002	Michele C. Minninger	2002P02432 US	6966

TITLE OF INVENTION: DATA TRANSFORMATION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/10/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SHAH, SANJIV		2625	707-523000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Alexander J. Burke

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Siemens Medical Solutions Health Services Inc. Malvern, PA 19355

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature Alexander Burke

Date August 30, 2005

Typed or printed name Alexander J. Burke

Registration No. 40,425

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